BEST AVAILABLE COPY

PATENT	ΔΡΡΙ	ICATION	FFF	<b>DETERMINATION</b>	RECORD
LAI CIAI	MLL	JUATION		DÉ LEUMINATION	RECOND

**Application or Docket Number** 

Effective October 1, 2000								(	09-	9(	alla	39	
		CLAIMS AS	FILED - (Column			mn 2)		SMALI TYPE	EN1	TITY	OR	OTHER SMALL I	
TOTAL CLAIMS							RAT	E	FEE	l [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE :	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=				X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•		X40=			OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135	=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		<u></u>	OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THAN						
		(Column 1) CLAIMS		(Colu		(Colun	nn 3)	SMA		YTITY	OR	SMALL	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESI		RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 2011	Minus	** 6	<b>D</b>	=0.1		X\$ 9	=		OR	X\$18=/	
AME	Independent	· ()	Minus	***	3	= 7/		X40	=		OR	X80=	352
L	FIRST PRESE	NTATION OF MU	JUNPLE DEI	PENDEN	PCLAIM		ш,	+135	_		OR	+270=	,
								TO' ADDIT. F			OB	TOTAL ADDIT. FEE	588
		(Column 1)		(Colu	mn 2)	(Colum	nn 3)	ADDII. I				ADDII. 1 EE1	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRES		RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NO N	Total	. 21	Minus	" g	7/	=		X\$ 9	=		OR	X\$18=	
AME	Independent	- 6	Minus	***	61.4114	= /		X40:	=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUNPLE DE	PENDEN	CLAIM	_/_		+135	_	·	OR	+270=	1
								TO ADDIT. F				TOTAL ADDIT. FEE	/
		(Column 1)		(Colu	mn 2)	(Colur	mn 3)	ADDIT. P				ADDI1. 1 CC	7
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRES EXT		RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9	= [		OR	X\$18=	ï
AME	Independent	*	Minus	***	T CL AIR	=	_	X40:	=		OR	X80=	
_	THOI PHESI	ENTATION OF M	OLITE DE	PENUEN	I CLAIM			+135			OR	+270=	

\* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)